

1	DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	ARN-146822				FOR OFFICE USE ONLY
<p>*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".</p>					
Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder			2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder	

☐ I confirm that I am a First Time Investor in Mutual Funds
(Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR ☐ I confirm that I am an Existing Investor in Mutual Funds
(Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

In case the purchase/subscription amount is Rs.10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will be issued against the balance amount invested. (refer General Information Point No. 11)

[illegible]

<input type="checkbox"/> NSDL	Depository Participant Name	Enclosures
<input type="checkbox"/> CDSL	DP ID Number	<input type="checkbox"/> Client Master List Delivery <input type="checkbox"/> Instruction Slip
	Beneficiary Account Number	<input type="checkbox"/> Transaction Cum Holding Statement

NAME OF FIRST/SOLE APPLICANT																<input type="checkbox"/> Mr.		<input type="checkbox"/> Ms.		<input type="checkbox"/> M/s.				
PAN/PERN #										<input type="checkbox"/> KYC Proof #		Date of Birth/Date of Incorporation				D	D	M	M	Y	Y			
CKYC Id																								
Aadhaar No										By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.														
Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant)																				<input type="checkbox"/> Mr.		<input type="checkbox"/> Ms.		
PAN/PERN #										<input type="checkbox"/> KYC Proof #		Relationship with Minor/Designation				MANDATORY								
CKYC Id																								
Aadhaar No										By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.														
Mailing Address of First/Sole Applicant (PO Box address is not sufficient)																								
City										State					Country					Pin Code				
Overseas Address (Mandatory in case of NRI/FII.PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address) "All Non Individual Investors have to mandatorily fill FATCA/CRS Declaration form (for non-individuals/legal entity)"																								
Overseas Address																								
										Country														

Telephone										Mobile									
Email										Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (s)(Default option in case of more than one Applicant)									
Occupation (of first/sole Applicant)		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others																	
Status (of first/sole Applicant)		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society/Club Company <input type="checkbox"/> NRI <input type="checkbox"/> Repartriable <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Bank/Financial Institution <input type="checkbox"/> NRI <input type="checkbox"/> Non-Repartriable (NRO) <input type="checkbox"/> Others																	
Gross Annual Income		<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore										Net-worth (Mandatory for Non-Individuals)/Rs. _____ as on (Not older than 1 year) <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>							
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																			
Non - Individual Investors involved/ providing any of the mentioned services										<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the Above									

Acknowledgement Slip (To be filled in by the investor)

Application No.

Received from Mr./Ms./M/s. _____

An application for Scheme: _____ Plan: _____ Option: _____

Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____

Drawn on Bank and Branch : _____

Please note : All Purchases are subject to realisation of Cheques/DD.

Collection Centre's Stamp & Receipt
Date and Time

7 JOINT APPLICANT DETAILS

a NAME OF SECOND APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
PAN/PERN #	<input type="checkbox"/> KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y
CKYC Id	
Aadhaar No	By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore	Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable <small>(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)</small>
Father's Name	
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others	
b NAME OF THIRD APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
PAN/PERN #	<input type="checkbox"/> KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y
CKYC Id	
Aadhaar No	By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore	Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable <small>(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)</small>
Father's Name	
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others	

8 Power of Attorney (POA)

NAME OF POA <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	
PAN/PERN#	<input type="checkbox"/> KYC Proof # Date of Birth D D M M Y Y

9 *FATCA INFORMATION/ FOREIGN TAX LAWS (For Individual including Sole Proprietor) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)

Place of Birth		Country of Birth	
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)		Tax Residence Address (for KYC Address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Others <input type="checkbox"/> Business	
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'No' please proceed for the signature of declaration			
If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Applicant Details	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)
Applicant 1			If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
Applicant 2			* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 3			* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
			* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
* Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.			
* Reason B No TIN required. (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected)			
* Reason C others; please state the reason thereof.			
Declaration:			
I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.			

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

10 *BANK ACCOUNT DETAILS (Please attach copy of cancelled cheque) For registering Multiple Bank Accounts please fill up "Registration of Multiple Bank Account" Form

Name of the Bank :		Branch:	
Account Type (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR		Account Number :	
Branch Address :		City:	Pin:
IFSC Code :		MICR Code :	

AMC reserves the right to use any mode of payment deemed appropriate. I/We understand that AMC shall not be responsible if transaction through DC/RTGS/NEFT could not be carried out because of incomplete or incorrect information.

11 *INVESTMENT DETAILS I/We would like to invest in the following scheme of Navi Mutual Fund Scheme :

Scheme : Navi	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Sub-Option	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment (default)

In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

Dividend Frequency

12 *PAYMENT DETAILS (In case of DD, please provide us specific declaration)

Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Others		Please specify								
Cheque/DD No.		Date	D	D	M	M	Y	Y	Y	
Gross Amount (Rs)		DD Charges (Rs)		Net Amount (Rs)						
Drawn on Bank & Branch		Account Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR								

13 SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)

☐ SIP through Post Dated Cheques (Please fill & submit with this form) ☐ SIP through Auto Debit (ECS) (Please fill up enclosed SIP Auto Debit (ECS) Form & submit with this form)

14 NOMINATION DETAILS (Please refer to Instructions page, point no VII) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required <input type="checkbox"/> YES <input type="checkbox"/> NO								
Nominee Name	Relationship with Nominee	Date of Birth of Minor	Guardian Name (in case Nominee is Minor)	Allocation (%)	Sign of Guardian	Sign of Nominee	Sign of Applicants	
							1st App.	
							2nd App.	
							3rd App.	

Please note that if you do not furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

15 HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please ☒)

I/We wish to "Opt In" for receiving the following in Physical Copy ☐ Annual Reports/Abridged Summary ☐ Account Statement

I/We wish to receive the Account Statement in (any one) ☐ English (Default option) ☐ Bengali ☐ Malayalam

16 DOCUMENTS ENCLOSED (Please ☒)

☐ Resolution/Authorisation to invest ☐ List of Authorized Signatories with Specimen Signatures ☐ Memorandum & Articles of Association
☐ Trust Deed ☐ Bye-laws ☐ Partnership Deed ☐ Overseas Auditor Certificate ☐ Notarised POA ☐ Copy of cancelled cheque
☐ Copy of PAN Card ☐ KYC ☐ PIO Card ☐ Foreign Inward Remittance Certificate ☐ Special Product Form (SIP / STP / SWP / AEP)

17 *DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information and Scheme Information Document of the Scheme (s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI/AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We agree that in case of my/our investment in the scheme is equal to or more than 25% of the corpus of the scheme, then Navi Mutual Fund has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend and redemption amount to my bank details given above. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs : I/We confirm that I am/We are Non-resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNFI/NRNR Account. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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All fields marked with * are mandatory

18 CHECKLIST (Please submit the following documents with application wherever applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIs
Resolution/Authorisation to invest		✓	✓	✓		✓		✓
List of Authorised Signatories with Specimen Signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Notarised POA					✓			
PAN/PERN Proof	✓	✓	✓	✓	✓	✓	✓	✓
KYC in case of Investment of any Amount	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Inward Remittance Certificate							✓	✓
Copy of Cancelled Cheque	✓	✓	✓	✓	✓	✓	✓	✓
FATCA & CRS Declaration		✓	✓	✓	✓	✓		✓

SYSTEMATIC INVESTMENT PLAN (SIP)

(Applicable for Lumpsum Additional Purchase as well as SIP Registration)

LUMPSUM / SIP AUTO DEBIT / NACH / ECS FORM (for Lumpsum Investment please fill 6)

New Investor are requested to fill in the Common Application form. First SIP Cheque and subsequent via Auto Debit in selected cities only.

1. DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
ARN-146822				FOR OFFICE USE ONLY

Upfront commission shall be paid directly by the Investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor

* I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder

2nd Applicant/Authorised Signatory/POA Holder

3rd Applicant/Authorised Signatory/POA Holder

2. REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)

(Please ☒) ☐ New Registration* ☐ Renewal SIP ☐ Change in Bank Details ☐ Cancellation of SIP ☐ Micro SIP

* if you are a new investor kindly fill the common application form

3. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)

☐ I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR ☐ I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction related to SIP) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. instruction No.18) Demat Account details are compulsory if demat mode is opted.)

☐ NSDL Depository Participant Name _____ Enclosures

☐ CDSL DP ID Number _____ ☐ Client Master List ☐ Delivery Instruction Slip

Beneficiary Account Number _____ ☐ Transaction Cum Holding Statement

4. INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name ☐ Mr. ☐ Ms. ☐ M/s.PAN/PERN _____ ☐ KYC Proof

CKYC Id _____

Aadhaar No. _____ By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

Folio/Application No. _____ Existing Investors please mention Folio No.

Scheme _____

Plan ☐ Direct ☐ Regular Option: ☐ Growth ☐ Dividend Sub Option: ☐ Dividend Reinvestment (default) ☐ Dividend Payout

Dividend Frequency _____

In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.

5. SIP DETAILS (Please tick on any 1 SIP frequency only)

Each SIP Amount (Rs) _____

First SIP Cheque No. _____ Cheque Amount (Rs) _____

Cheque Date _____

Frequency ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ SIP Period _____

Every Alternate Wednesday ☐ Preferred Debit Date (Any date except 29, 30 and 31) _____ Start Date M M Y Y End Date M M Y Y

☐ Perpetual

(Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer NACH instruction page for further clarification.

I/We hereby, authorise Navi Mutual Fund and their authorised service providers, to debit my/our following bank account NACH/ECS (Debit Clearing)/Auto Debit to account for collection of SIP Payment

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in Lumpsum NACH/ECS/Auto debit. If the transaction is delayed or not executed at all for any reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform Navi Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM/SAI. I/We hereby apply for the respective units of Navi Mutual Fund Scheme at NAV based resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).

Signature(s) _____ 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

To be signed by ALL UNIT HOLDERS if mode of holding is Joint

6. LUMP SUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMP SUM additional purchase as well as SIP registration)

 UMRN _____ Date D D M M Y Y Y Y

Sponsor Bank Code _____

Utility Code _____

Tick (✓)

I/We hereby authorize **NAVI MUTUAL FUND** to debit (Tick ☒) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other
☐ CREATE
☐ MODIFY
☐ CANCEL

Bank a/c number _____

With Bank _____ Name of customers bank IFSC _____ or MICR _____

an amount of Rupees _____

Amount in words _____ ₹ _____

Frequency ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented Debit Type ☒ Fixed Amount ☒ Maximum Amount

Reference 1 Folio No.: _____ Mobile No. _____

Reference 2 Scheme / Plan: _____ Email ID _____

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Period From D D M M Y Y Y Y

To D D M M Y Y Y Y 1. Signature Primary Account holder 2. Signature of Account holder 3. Signature of Account holder

Or ☐ Until Cancelled 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Acknowledgment Slip (To be filled in by the investor)

SIP through Lumpsum / ECS / Auto Debit Form



Received from Mr./Ms./M/s.

An application for Scheme : _____ Plan : _____ Option : _____

Amount: _____ Frequency: _____ Date of Commencement : _____

Collection Centre's Stamp & Receipt
Date and Time

1	DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	ARN-146822				FOR OFFICE USE ONLY
<p>*I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".</p>					
Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder	

2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)				
<input type="checkbox"/> I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) <input type="checkbox"/> OR <input type="checkbox"/> I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)					
<p>If the total commitment of investment through SIP (i.e. installment amount multiplied by No. of installments) amounts to Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charge, the same are deductible as applicable (refer instruction point no 11 under general information) from the installment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 installments. Units will be issued against the balance amount invested.</p>					

3	INVESTOR AND INVESTMENT DETAILS				
NAME OF FIRST/SOLE APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.					
PAN/PERN # <input type="checkbox"/> KYC Proof #					
CKYC Id					
Aadhaar No.					
<p>By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.</p>					
Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.					
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others					
Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.					
Scheme NAVI					
Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct					
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Sub Option: <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (default)					
<p>In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.</p>					
Dividend Frequency					
Please refer instructions page for SIP, STP, SWP, AEP					

4	*FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)				
Place of Birth		Country of Birth			
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)		Tax Residence Address (for KYC Address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Others <input type="checkbox"/> Business			
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? Yes No If 'No' please proceed for the signature of declaration If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries					
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)	
1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
3				* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
* Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. * Reason B No TIN required. (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected) * Reason C others; please state the reason thereof.					
Declaration: I hereby confirm that the information provided hereinafter is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.					

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

Acknowledgement Slip (To be filled in by the investor) **SIP / SWP / STP / AEP**

Received from Mr./Ms./M/s. _____ An application for Scheme: _____ Plan: _____ Option: _____ Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____ Amount: _____ Frequency : _____ Date of Commencement : _____	Collection Centre's Stamp & Receipt Date and Time
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5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debt must fill up the SIP Auto Debit)

Name of the Scheme/Plan/Option/Sub Option														
Frequency	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period									
SIP Date	<input type="checkbox"/> Every Alternate Wednesday	Preferred Debit Date (Any date except 29, 30 and 31) <input type="text"/>			SIP from	M	M	Y	Y	SIP from	M	M	Y	Y
Cheque(s) Details	No. of Cheque(s)		Cheque(s) No.				SIP Amount (in figures)							
Cheque(s) drawn on	Name of Bank & Branch & City													

New Investors are requested to fill in the Common Application Form to accoming this SIP Form.

6 SYSTEMATIC TRANSFER PLAN (STP) (Please note that the STP will be registered within 7 working days from the date of receipt of request)

From Scheme		Plan		Option /Sub Option		To Scheme		Plan		Option						
Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly		STP Period										
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	SIP from	M	M	Y	Y	STP to	M	M	Y	Y
				<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	Amount Per Installment (Rs)				No of Installments					

7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option/Sub Option													
Frequency		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SWP from	M	M	Y	Y	SWP to	M	M	Y	Y
Amount per Withdrawal (Rs)										No of Installments			

Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.

8 AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option

Name of the Scheme/Plan/Option/Sub Option										
Frequency		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	AEP date : 1st Business Day			(Minimum Rs.500/- for AEP option)		

9 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of the Scheme(s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making these investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that maybe required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above NRIs only: I /We confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/ We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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APPLICATION FOR REGULAR ENCASHMENT PLAN



(Regular Encashment Plan is only a feature for regular withdrawal from the Scheme and shall not be construed as an assurance or guarantee of returns)

This facility allows investors to redeem a fixed sum of money periodically at the prevailing NAV, subject to exit load, if applicable, depending on the option chosen by the investor.

Date: _____

I/We wish to avail the Regular Encashment Plan under Growth option of the scheme opted below:

Folio No. / Application No.	
Name	
<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
(Please tick any one)	
NAVI	

Regular Encashment Plan Dates: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Please tick any one)

Start Date: End Date: OR ☐ Till I/We instruct to discontinue
(Atleast 1 month from the date of request)

Regular Encashment Plan Option: ☐ 6.00% p.a. ☐ 7.50% p.a. ☐ 9.00% p.a. (Please tick any one)
(% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

Regular Encashment Plan Investment Amount: _____ (Please specify) (Minimum amount is ₹ 1 lakh)

Sole /1st Applicant/Guardian/Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/Authorised Signatory
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(To be signed as per Mode of (To be signed as per Mode of Holding))

APPLICATION FOR REGULAR ENCASHMENT PLAN



Date: _____

I/We wish to avail the Regular Encashment Plan under Growth option of the scheme opted below:

Folio No. / Application No.	
Name	
<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
(Please tick any one)	
NAVI	

Regular Encashment Plan Dates: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Please tick any one)

Start Date: End Date: OR ☐ Till I/We instruct to discontinue
(Atleast 1 month from the date of request)

Regular Encashment Plan Option: ☐ 6.00% p.a. ☐ 7.50% p.a. ☐ 9.00% p.a. (Please tick any one)
(% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

Regular Encashment Plan Investment Amount: _____ (Please specify) (Minimum amount is ₹ 1 lakh)

Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

APPLICANT DETAILS

NAME OF THE ENTITY																	
TYPE OF ADDRESS GIVEN AT KRA		<input type="checkbox"/> Residential or Business				<input type="checkbox"/> Residential				<input type="checkbox"/> Business				<input type="checkbox"/> Registered Office			
CUSTOMER ID / FOLIO NO																	
PAN						DATE OF INCORPORATION				D D / M M / Y Y Y Y							
CITY OF INCORPORATION																	
COUNTRY OF INCORPORATION																	

PLEASE TICK THE APPLICABLE TAX RESIDENT DECLARATION

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

COUNTRY	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or other, please specify)

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para3 (vii) Exemption code for U.S. persons under Part 3 of FATCA Instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial Institution ³ <input type="checkbox"/> or Direct reporting NFE ⁴ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of the sponsoring entity <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for if the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub - category ¹⁰ <input type="checkbox"/> Not obtained - Non - participating FI	

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active ¹ non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Name of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D

Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

If passive NFE, please provide below additional details for each of Controlling person.

(Please attach additional sheets if necessary)

Name & PAN / Any other Identification Number <small>PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others</small> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male / Female / Other
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any other country other than India

* To include U.S. where controlling person is a U.S. citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

If any controlling person of the entity is a U.S. citizen or green card holder, please include United States in the foreign country information field along with the U.S. Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

PART C: Certification

I / We have understood the information requirements of the Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct and complete. I / We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Date: _____ D D M M Y Y Y Y

Name: _____

Designation: _____

Signature & Seal

Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)															
Payments by : Parents/Grand Parents/Related Persons other than the Registered Guardian/Custodian / Employer															
Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)															
Application and Payment Details (All details below are mandatory, including relationship, PAN, KYC)															
Folio No.						Application Form									
Beneficiary Name															
Investment Amount (Rs.)															
Payment Cheque No.						Dated									
Cheque Drawn on Bank															
Cheque Drawn on A/C No.															
Declaration and Signatures															
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) (Please • (•) as applicable)															
Status of the Beneficial Investor	Minor					FII					Employee (s)				
						• Client									
Relationship of Third Party with the Beneficial Investor	<ul style="list-style-type: none"> • Parent • Grand Parent • Related Persons _____ (Please specify)					Custodian SEBI Registration No. of Custodian Registration Valid Till _____					Employer				
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.					I/We declare that the payment made on behalf of FII/Client and the Source of this payment is from funds provided to us by FII/Client					I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.				
Income tax PAN															
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount) <input type="checkbox"/> Attached (Mandatory for any amount)														
Signature															
Contact No.															

Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument issued against cash less than Rs. 50000/- only

To whomsoever it may concern

We hereby confirm the following details regarding instrument issued by us:

Instrument Details																												
Instrument Type	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order/Banker's Cheque																											
Instrument Number																Date												
Instrument Amount (Rs.)																												
In Favour of/ Favouring																												
Payable At																												
Request received from:																												
Name of the Requestor																												
Address of the Requestor																												
PAN (if available)																												
Branch Manager/Declarant (s): Signature: Name: Address: <div style="text-align: right; margin-right: 50px;">Bank & Branch Seal</div> City: State: Pin : Country: Contact No.																												

We hereby confirm the following details regarding instrument issued by us: